



Department of Environment and Conservation - Division of Superfund

2000 Drycleaning Solvent Suppliers/Distributors Registration

(OPERATIONAL CALENDAR YEAR 1999)

1. REGISTRATION TYPE: Initial / Revised / Renewal / Quarterly

Registration # _____

2. GENERAL INFORMATION:

Facility Name: _____ County: _____

Address: _____ EPA ID #: _____

City/State/Zip: _____ Telephone: (____) _____

Mailing Address (if different): _____

Property Owner: _____ Telephone: (____) _____

Address: _____ Zip code: _____

Other Interest: _____ Telephone: (____) _____

Address: _____ Zip code: _____

(a) Indicate the date this facility began selling drycleaning solvent to drycleaners: _____

(b) Do you have facilities/distributors in other locations or cities that sell or distribute solvents to Tennessee drycleaning facilities (Yes/No)? _____ If yes, indicate the name and address of each facility. (If more space is needed, attach a separate page.)

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

(c) Are you aware of any past releases of drycleaning solvent either at drycleaning facilities or at the distribution facility (Yes/No)? _____ If yes, explain. (If more space is needed, attach a separate page.)

3. FEES:

Registration Fee ***(See instructions.)*

Solvent Surcharge Fee (Complete Section 5. for solvent sales during the reporting period.)

Enter the total fees due based on the schedule(s).

Total Registration and Solvent Surcharge Fees

4. CERTIFICATION: I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments, is true, accurate and complete to the best of my knowledge, information and belief.

Signature of Owner/Manager or Authorized Representative

Title

Date

MAKE CHECKS PAYABLE TO: TREASURER, STATE OF TENNESSEE.

RETURN TO: DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF FISCAL SERVICES – FEE SECTION
401 CHURCH STREET 18TH FLOOR
NASHVILLE, TN 37243-0438

5. SOLVENT SURCHARGE FEE: For each Tennessee drycleaning facility that purchased drycleaning solvent from _____ to _____, identify the following: the name of the facility, the address, the drycleaning facility's registration number and the quantity (gallons of solvent purchased). *(If more space is needed, attach additional pages.)* page ____ of ____

[illegible]

Nonhydrocarbon solvent surcharge fee: \$10 X =

Hydrocarbon solvent surcharge fee: \$1 X =

Total solvent surcharge fee: (page total if submitting two or more pages) _____